

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO	10/511502	FILING DATE
APPLICANT(S)		

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
3						
4	2			1		
5	10			1		
6	10			1		
7	10			1		
8	10			1		
9	1			1		
10	1			1		
11	3			1		
12	3			1		
13	1			1		
14	1			1		
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50						
TOTAL IND.			2			
TOTAL DEP.		2	18			
TOTAL CLAIMS		20	20			

*	IND.	DEP.	*	IND.	DEP.	*	IND.	DEP.
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52								
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